

**SSV-500? Procedures for the Management of Pediculosis in Schools**

**1.0 Purpose**

This document provides procedures for consistent handling of cases and outbreaks of pediculosis in Christina Schools. “Pediculosis does not cause any disease, except, rarely impetigo from scratching and breaking the skin” (AAP, 2004).

**2.0 Definitions**

**Pediculosis Capitis-Infestation** with the head louse (wingless blood-sucking insects) (Control of Communicable Diseases Manual, 2004).

**Pediculosis Infestation**-The state of being invaded by live head lice.  
“Head lice screening programs have not had a significant effect on the incidence of head lice in the school setting over time and have not proven to be cost effective” (AAP, 2004).

**Stages of Lice Development**

**“Nits:** Nits are head lice eggs; they are hard to see and often confused with dandruff or hair spray droplets. Nits are found firmly attached to the hair shaft. They are oval and usually yellow to white in color. Nits take about 1 week to hatch.

**Nymph:** The nit hatches into a baby louse called a nymph. It looks like an adult head louse, but is smaller. Nymphs mature into adults about 7 days after hatching. To live, the nymph must feed on blood.

**Adult:** The adult louse is about the size of a sesame seed, has six legs, and is tan to grayish-white. Females lay nits; they are usually larger than males. Adult lice can live up to 30 days on a person’s head. To live, adult lice need to feed on blood. If the louse falls off of a person, it dies within 2 days” (CDC, 2004).

**Pediculosis Reinfestation**-the state of being reinvaded by head lice after treatment

**Treatment**-The purpose of treatment is to eradicate active infestation.

Students with active infestation should be excluded from school until treated. Parents must be given health education regarding pediculosis and treatment. There are many available treatments including pyrethrins and naturopathic preparations, as well as mechanical removal of lice and nits. Parents should be advised to consult with pharmacists or physicians who can assist in recommending over the counter or prescribed topical medication. Directions from the treatment labels should be followed exactly regarding application and any repeat treatments.

Removal of nits is important in further decreasing the likelihood of re-infestation. Combing hair with a fine tooth metal comb can help when removing nits. Over the counter products or hot vinegar may help in loosening the nit from the hair shaft.

### Prevention of spread or reinfestation

Personal items can be cleaned by any of the following methods:

- Washing in hot water in washing machine
- Putting in hot dryer for 20 minutes
- Dry cleaning
- Storing in sealed bag for one week
- Boiling combs, brushers, etc. for 10 minutes
- Soaking in 2% Lysol solution and water for one hour
- Freezing for 48 hours

Thorough vacuuming of carpets, floors, and furniture is all that is necessary in the rest of the household. Insecticide sprays are not recommended (State of Delaware, Department of Education, 2005).

### 3.0 Responsibility

School Nurse

- to screen symptomatic student(s) and refer to parent for treatment
- to minimize school absence
- to educate parent and school community, as needed
- to advocate for prevention of overexposure to potentially hazardous chemicals

Parent/student

- to provide timely and appropriate treatment to rid student's head of lice
- to provide ongoing observation of student and other household contacts, and treat appropriately
- to communicate with school nurse regarding treatment measures taken

### 4.0 Approval authority

Executive Director of Student Services

## **5.0 Procedure for nurse if suspected pediculosis**

- 5.1 The school nurse will screen for pediculosis if student complains of his/her head itching or noted to be scratching head.
- 5.2 Use good light source and examine student's head/hair.
- 5.3 If no live lice and no nits found, have student return to class.
- 5.4 If nits are present and no live lice, contact parent to inquire about recent treatment, recommend removal of nits, and have student return to class
- 5.5 If live lice are present, contact parent and advise treatment and exclude student from school until treated.
- 5.6 Pharmacists and physicians can assist in recommending over the counter or prescribed topical medication. Directions from the treatment labels should be followed exactly, regarding application and any repeat treatments.
- 5.7 Encourage prompt treatment to minimize school absence.
- 5.8 Encourage parent to have student rechecked by school nurse upon return to school.
- 5.9 Unjustified responses include:
  - Notification of classmates' parents
  - Mass screenings
  - Restricted use of headphones
  - Insecticide treatments to school environment
  - Reporting cases of head lice to youth/social services (Harvard School of Public Health, 2000).
  - Disinfecting bus seats

## **6 References:**

**American Academy of Pediatrics (AAP). 2004. School Health Policy and Practice, 6<sup>th</sup> edition. American Academy of Pediatrics, Elk Grove Village, Ill, pages 34-35.**

**Centers for Disease Control. (August, 2005). Head lice infestation. Retrieved October 15, 2005, from the World Wide Web:  
[http://www.cdc.gov/ncidod/dpd/parasites/lice/factsht\\_head\\_lice.htm](http://www.cdc.gov/ncidod/dpd/parasites/lice/factsht_head_lice.htm)**

**Control of Communicable Diseases Manual. (2004). American Public Health Association. Washington, DC.**

**Harvard School of Public Health. (2000). Head lice: Information and frequently asked questions. Retrieved April 12, 2005, from the World Wide Web: <http://www.hsph.harvard.edu/headlice.html>**

**National Association of School Nurses. (2004). Position statement: Pediculosis in the school community. Retrieved October 15, 2005, from the World Wide Web: <http://www.nasn.org/positions/2004pspediculosis.htm>**

**State of Delaware, Department of Education. School nursing: Technical assistance manual draft. (2005).**

## **7.0 Attachments**